Kansas Department on Aging

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R
		N089043	B. WING		12/02/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
MIDLAND	CARE RESIDENTIAL CE	NTER	FRAZIER CIRCLE , KS 66606		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{S 000}	INITIAL COMMENTS		{S 000}		
	and Correction Order named Residential He	s are the result of a Revisit visit #14-95 at the above ealth Care Facility in 2/01/14 and 12/02/14.			
S3200 SS=E	26-41-205 (d) (1-2) Family Medications	acility Administration of	S3200		
	administration of a readministrator or operamedications and biolothat resident in according provider 's written or of practice, and each recommendations. The shall ensure that all of the commendation of the	lity is responsible for the sident's medications, the ator shall ensure that all egicals are administered to dance with a medical care der, professional standards manufacturer's he administrator or operator of the following are met: sees and medication aides manage medications for responsibility.			
	This REQUIREMENT by: KAR 26-41-205(d)	is not met as evidenced			
	care attendees report three Residents. All R medication services. I reviews of records, fo (#181 and #185), the	six Residents with two day ed, the sample included desidents received Based on interviews and r two of three sampled Operator failed to ensure all egicals were administered to			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
			71. BOILBING. <u>-</u>		R	
		N089043	B. WING		12/02/2014	
NAME OF P	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	ATE. ZIP CODE		
		120 S	W FRAZIER CIRCL			
MIDLAND	CARE RESIDENTIAL CE	NTER TOPE	KA, KS 66606			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE	
S3200	Continued From page	: 1	S3200			
		rdance with a medical care er, and in accordance with s of practice				
	- Review of record refacility 12/01/14 with ordisorder, Lumbago, L. Esophageal reflux, Hi fracture, and History of attack). The current functional 11/07/14 assessed #1 assistance with medic management. The current negotiate health service plan of facility staff to provide	story of falls, History of hip of TIA (transischemic  I capacity screen of 85 in need of physical cation and treatment  d service agreement and 11/07/14 documented these services.  on of the current MAR ation record) with written reders not signed by a				
	provider. This compar discrepancies between					
	directions specified)	n Capsule Oral - (no dose or Daily - (no dose specified) Oral Daily - (no dose				
	Seroquel 1 tab(s) Ora (no dose specified)	l Every day before sleep - ab(s) Oral twice a day - (no				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING	<del></del>		•
		N089043	B. WING		12/0	2/2014
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MIDLAND	CARE RESIDENTIAL CE	NTER	AZIER CIRCLI	<b></b>		
		TOPEKA, K	KS 66606			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S3200	Continued From page	2	S3200			ı
	dose specified) Cipro 1 Tab(s) Oral tv specified) Compazine 1 Tab(s) 0 dose specified)	vice a day - (no dose Oral three times a day - (no				
	December 01, 2014 MAR documented: Quetiapine (Seroquel) 50mg (milligrams) take 1 tab po (by mouth) at bedtime Omeprazole 20mg take 1 capsule po BID (twice daily) Citalopram 20mg take 1 tab po daily Bacitracin Ointment apply to nasal biopsy site BID Cephalexin 500mg capsule take 1 capsule po q (every) 6 hours Alluprinol 100mg tab take 1 tablet po q day Quetiapine 50mg take 1 tab po at onset then repeat in 1-2 if needed (anxiety) Tylenol 325mg 2 tab po q 4 hours PRN (as needed) for pain  The treatment summary lacked a signature by the medical care provider, and lacked doses in most instances. The completion of a MAR for administration of medications without this information did not meet professional standards of practice.					
	not meet profession s stated #185 arrived o sure there was a nurs (certified medication a filled out the MAR I end of the day and re	ent summary and MAR did standards of practice n 12/01/14 at 1:30pm not se on duty the CMA aide) on duty at the time looked at the MAR at the alized we needed by that time physician's				

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74101 2741	n dorate more	BENTI IS A TON NOMBER.	A. BUILDING: _			
		N089043	B. WING		R 12/02/2014	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,		
MIDLAND	CARE RESIDENTIAL CE	ENTER 120 SW FF TOPEKA,	RAZIER CIRCLI KS 66606	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
S3200	Continued From page	∍ 3	S3200			
	biologicals administer	o ensure all medications and red to #185 in accordance care provider orders and in essional standards of				
	- Review of record revealed #181 admitted to facility 11/28/14 with diagnoses of Anxiety, Chronic obstructive pulmonary disease, and Abnormality of gait.  The current functional capacity screen of 10/09/14 assessed #181 in need of physical assistance with medication and treatment management.  The current negotiated service agreement and health service plan of 11/28/14 documented facility staff to provide these services.					
	(medication administr orders revealed one r in accordance with th	son of the current MAR ration record) with written medication not administered the order signed by physician of the professional standards of				
	one tablet by mouth formeals and at bedtime The MAR (medication	fate 1 g (gram) tablet take four times a day before e for reflux" n administration record) dication administered at				
	On 12/01/14 staff rep 12:00pm, and 5:00pm	orted meal times of 8:00am, n.				
		pm Facility Nurse stated our rce is on computer he/she				

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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MIDLAND	CARE RESIDENTIAL CE	ENTER 120 SW FR. TOPEKA, K	AZIER CIRCLE (S 66606	<b>E</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
\$3200	from "Drugs.com." By administered with citraluminum, or with thy this medication to be at least one hour before eating do not take wantacid and do not other medications." F the current administration with thyroid medication and with food not in professional standard.  The Operator failed to biologicals administer	for Sucralfate (Carafate) of review, Sucralfate not to be sate salts or medicines with proid hormones in addition taken on an empty stomach pre or two hours after within 30 minutes of an take at the same time as acility Nurse #B confirmed ation of the Sucralfate was on, with other medications, a accordance with a for practice.  The ensure all medications and red to #181 in accordance care provider orders and in	\$3200			
{S3298} SS=F	using safe methods the value, flavor, and approper to (1) Food used by facing residents, including drapplicable federal, staregulations.  (2) Food in cans that including swelling, leafractures, pitted rust, prevent normal stacking manual, wheel-type crused.  (3) Food provided by friends for individual reserved.	Food shall be prepared hat conserve the nutritive bearance and shall be temperature. It staff to serve to the onated food, shall meet all ate, and local laws and have significant defects, akage, punctures, holes, or denting severe enough to ing or opening with a can opener, shall not be	{\$3298}			

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NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIR CODE		
NAME OF F	ROVIDER OR SUFFLIER		RAZIER CIRCL			
MIDLAND	CARE RESIDENTIAL CE	NTER	, KS 66606	_		
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{S3298}	Continued From page	÷ 5	{S3298}			
	and regulations.					
	and regulations.					
	· ·	is not met as evidenced				
	by: KAR 26-41-206(d)					
	•	six Residents with two day				
	· ·	ed, the sample included Residents received meal				
		oservation, interviews and				
		r three of three sampled				
		5) and all non-sampled, the				
	I	sure foods served at the				
	proper temperature, v	vith not foods at 160 -) and cold foods at 45				
	degrees F.	) and cold loods at 40				
	Findings included:					
	- On 12/01/14 at 5:05	pm, direct care turned on				
		ng on the East counter of the				
	-	ed a gallon container of milk				
		the food warming tray.				
	I	cumented: Chicken Cordon by Seed Spinach Salad with				
		onds, Chocolate Chip				
	Brownies, Milk/Bevera	age.				
	At 5:15pm direct care staff moved warm food					
	•	stair moved warm food stairs transport cart to the				
	•	East counter. A bowl of				
		trawberries was placed on				
		e gallon of milk. Direct care				
		meter and began serving				
	•	Residents at 5:20pm as they				
	obtained temperature Chicken Cordon Blue					
	Pasta with cream sau					

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					R	
		N089043	B. WING		12/02/20	14
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MIDI AND	CARE RESIDENTIAL CE	120 SW FR	AZIER CIRCLI	E		
MIDLAND	CARL RESIDENTIAL CE	TOPEKA, P	(S 66606			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	(X5) DMPLETE DATE
{S3298}	Continued From page	e 6	{S3298}			
	Cottage Cheese - 40 Milk - not temped Cookie - no temp Direct care staff conti to all Residents prese	inued to fill and serve plates				
	notebook revealed: 12/01/14 - No breakfa 11/30/14 - No breakfa 11/29/14 - Lunch - Wa Supper - cucumber a fresh fruit cup 50 deg 11/28/14 - Breakfast - cup, breakfast egg/sa degrees; Lunch - hon Supper - no temperat beets 11/27/14 - Breakfast on the line designated menu stated hard boi temperatures for Lunch 11/26/14 - Lunch - ba lettuce tomato sandw degrees 11/25/14 - Breakfast - 120 degrees 11/24/14 - No breakfa eggs and raisin toast 50 degrees 11/23/14 - No breakfa stated Oatmeal, temp breakfast, donuts; Su degrees F, and puddi 11/22/14 - Supper - p 11/21/14 - Lunch - ch	atergate salad 46 degrees F, and tomato salad 50 degrees, arees - no temperature for fruit ausage/cheese burrito 120 dey dew melon 48 degrees; ature for shrimp, french fries, acontained the number "126" degrees for "meat" although the filed eggs, bacon; no chear of Supper acon 90 degrees (bacon prich); Supper - "pasta" 130 degrees, waffles ast temperatures (cheesy on menu); Supper - "fruit" dest temperatures (menu perature log stated cold apper - macaroni salad 44 degrees asta sauce 120 degrees dicken salad 46 degrees;				
	Supper - coleslaw 58 11/20/14 - Breakfast - degrees; pancake 13 fries 120; salad 42	-				

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NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
MIDLAND	CARE RESIDENTIAL CE	NTER	RAZIER CIRCLE	:		
	T	TOPEKA	, KS 66606		T	
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{S3298}	Continued From page	÷ 7	{S3298}			
	of "140" written at "mi 11/18/14 - No breakfa 11/17/14 - No tempera 11/16/14 - No tempera	atures /14 at 5:25pm, direct care mps is something I				
	nurse #L stated we pl soon as possible pla counter if someone plate and send it upst kitchen reheat and to	not at the table, make a airs until they are here, call send back down meats one of the two if any				
	staff #M stated inserv place hot foods on wa thermometer to get to finds note at bottom of foods 40 degrees and	/14 at 9:38am, direct care ice instructions include armer right away use a right temperature he/she if log that documented cold hot foods 135 degrees if perature call the kitchen and of it				
	RN (registered nurse)	to staff during an inservice				
	Operator #C to all state tray 15 minutes prior counter to record m with what's served p warming tray make	an 11/24/14 email from ff:please turn on warming to meal time notebook on enu item to be consistent out foods immediately on sure all items labeled nservice note of 10/15/14 -				

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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	JE. ZIP CODE	•	
		120 SW F	RAZIER CIRCLI	,		
MIDLAND	CARE RESIDENTIAL CE	NTER TOPEKA,	KS 66606			
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{S3298}	Continued From page	e 8	{S3298}			
	to every meal make diets called to Dietary followed and if not it r Operator notified	ng the food downstairs prior sure admission orders for team menu should be needs to be noted and cy and procedure for Food				
	documented:	ed at 6:10pm on 12/01/14				
	<ol> <li>will be taken during meal preparation and meal service when found in the danger zone, the food item will not be served until proper temperatures are met</li> <li>Potentially hazardous foods at least 135 degrees except for poultry, poultry stuffing, stuffed meats, and stuffing with meat at least 165 degrees F</li> <li>metal thermometer accurate to +2 degrees</li> </ol>					
		ger zone is 41 degrees F to				
	Operator #C and Faci directions for the produce recording temperature foods, and lacked insi- do if temperatures ou temperature ranges. I logs failed to demons temperature checks a	es of potentially hazardous truction to staff on what to tside the acceptable The available temperature trate consistent meal at all meals, and failed to laken when temperatures				
	The Operator failed to Residents at the prop	ensure foods served to all er temperatures.				